

PACIFIC COAST BENEFITS TRUST 2323 EASTLAKE AVENUE EAST SEATTLE, WA 98102-3305 (206) 926-2845 | TOLL FREE (866) 312-4594

BENEFICIARY DESIGNATION FORM

First Name		Middle	Participant	Last Name			
Social Security Number Address Employer			Date of Birth City ell Phone Email Addre			Gender	
					State		Zip Code
						Lo	Local Union Number
Home Phone	ome Phone Cell Phon				dress		
		Part	icipant's Spouse				
Date of Marriage				ied (please ini	tial)		
First Name		Middle		Last Name			
Social Security Number			Date of Birth			Gender	
If you (1) die before Rethe time of your death, spouse.	then, notwithstand	ling this Beneficia	ary Designation, D	eath Benefits	will be pay	able <u>s</u>	only to your survivin
If you fail (or are una Beneficiary will be the					gnated Ben	eficia	ry survives you, you
	1. Surviv	ving Spouse 2. Ch	nildren 3. Parents	4. Siblings 5.1	Estate		
You may make, change revocation must be madesignation cancels any	de in writing on the previous designation	e proper form and on you have made	I must be received	by the Truste	es before y	our de	eath. This Beneficiar
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